

OWNERSHIP TRANSFER AND INSPECTION REPORT

FOR
ON-SITE WASTEWATER TREATMENT FACILITIES LOCATED IN MARICOPA COUNTY, ARIZONA

A. Property Information:				B. Print: Name of Current Owner/Seller/Transferor:	
Street Address:					
Legal Description or Subdivision Name & Lot #: (If not in a subdivision, attach a copy of exhibit A from deed)					
				C. Print: Name of Buyer/Transferee and Mailing Address:	
County:		Tax Parcel No.			
Approx. Year Built:					
<input type="checkbox"/> Residential <input type="checkbox"/> Non-residential					
D. Type of Facility (see explanation on reverse for whether an inspection and notice of transfer is needed):					
<input type="checkbox"/> Conventional septic tank and disposal system approved under General Aquifer Protection Permit (GP) 4.02					
<input type="checkbox"/> Alternative on-site system (non-mechanical with gravity flow) approved under GP 4.03 through 4.22					
<input type="checkbox"/> Other alternative system approved under GP 4.03 through 4.22					
<input type="checkbox"/> On-site wastewater treatment facility from 3000 to less than 24,000 gallons per day approved under GP 4.23					
E. Inspector's Summary:					
1. Were facility permit, construction and/or operational records available for the inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Was an inspection checklist used? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Was septic tank pumped within the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No, or not applicable to type of facility checked in Part D					
4. Was effluent filter cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No, or not applicable to type of facility checked in Part D					
5. Was any other maintenance performed? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe maintenance):					
6. Physical and operational condition of on-site wastewater treatment facility:					
<input type="checkbox"/> System appears to be operating properly—no repairs were done.					
<input type="checkbox"/> System repaired and appears to be operating properly (describe repairs):					
F. Inspector's Certification: <i>I have inspected the physical and operational condition of the on-site wastewater treatment facility serving this property on the date below. I have completed this inspection report to the best of my knowledge, basing Part E on observations and work performed at the time of inspection. This report does not imply nor guarantee future performance of this facility.</i>					
Inspector's Signature _____					
Inspector's Name (print): _____				Inspection	
Date: _____					
Address: _____				Phone: _____	
G. Acknowledgment of Receipt of Transfer Notice and Report:					
Owner/Seller/Transferor Signature: _____				Date: _____	
Buyer/Transferee Signature: _____				Date: _____	

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FOR COUNTY AGENCY USE ONLY			
Date Received:		<input type="checkbox"/> Transfer of ownership fee: \$ received. Permit #:	Comments:
Received By:			